

Filing at a Glance

Companies: Accident Fund General Insurance Company, Accident Fund Insurance Company of America, Accident Fund National Insurance Company

Product Name: Workers' Compensation	SERFF Tr Num: ACCD-125246709	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-025647
Sub-TOI: 16.0004 Standard WC	Co Tr Num: ARR-2007-002M	State Status:
Filing Type: Rule	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Authors: Judy Thomas, Kelly Spenski	Disposition Date: 08-02-2007
	Date Submitted: 07-31-2007	Disposition Status: Approved
Effective Date Requested (New): 09-01-2007		Effective Date (New): 09-01-2007
Effective Date Requested (Renewal): 09-01-2007		Effective Date (Renewal):

General Information

Project Name: Adoption of Revision to Basic Manual Class Code 2719- Status of Filing in Domicile:

Logging or Tree Removal

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: Item 02-AR-2007

Reference Title: Revisions to Basic Manual Classification Code 2719-

Advisory Org. Circular:

Logging or Tree Removal

Filing Status Changed: 08-02-2007

State Status Changed: 08-01-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Accident Fund Insurance Company of America, Accident Fund General Insurance Company, and Accident Fund National Insurance Company are filing to adopt Item 02-AR-2007 as filed by NCCI and approved by the Arkansas Department of Insurance. Item 02-AR-2007 amended Arkansas state special Classification Code 2719. The code is applicable to all employers of forestry workers whose employees have obtained the appropriate safety training certification from the Arkansas Timber Producers Association (ATPA). This rule clarifies the proper classification when the ATPA certification lapses during the policy period.

Little or no reclassification of logging operations' payroll is expected due to this wording-only change. Similarly, no significant change in statewide premium is expected.

Company and Contact

Filing Contact Information

Judy Thomas, Regulatory Compliance judy2t@accidentfund.com
Specialist
232 South Capitol Avenue (517) 367-1932 [Phone]
Lansing, MI 48933 (517) 367-2942[FAX]

Filing Company Information

Accident Fund General Insurance Company	CoCode: 12304	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058200	

Accident Fund Insurance Company of America	CoCode: 10166	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type: Workers'
		Compensation Insurance

Office of the General Counsel		
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1932 ext. [Phone]	FEIN Number: 38-3207001	

Accident Fund National Insurance Company	CoCode: 12305	State of Domicile: Michigan
232 South Capitol Avenue	Group Code: 572	Company Type:
Lansing, MI 48933	Group Name:	State ID Number:
(517) 367-1687 ext. [Phone]	FEIN Number: 20-3058291	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$75.00
Retaliatory?	No
Fee Explanation:	\$25 per company x 3 check is being sent today via overnight delivery
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Accident Fund Insurance Company of America	\$0.00	07-31-2007	
Accident Fund General Insurance Company	\$0.00	07-31-2007	
Accident Fund National Insurance Company	\$0.00	07-31-2007	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
5076248	\$75.00	07-30-2007

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08-02-2007	08-02-2007

Disposition

Disposition Date: 08-02-2007

Effective Date (New): 09-01-2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Rate	Item 02-AR-2007	Approved	Yes

Rate Information

Rate data does NOT apply to filing.

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Item 02-AR-2007	Class Code 2719-Logging or Tree Removal	New	Code Rule.pdf

ITEM 02-AR-2007—REVISION TO BASIC MANUAL CLASSIFICATION CODE 2719—LOGGING OR TREE REMOVAL: CERTIFIED MECHANIZED HARVESTING EXCLUSIVELY

**EXHIBIT 1
BASIC MANUAL—2001 EDITION
Arkansas Special Classifications**

2719 LOGGING OR TREE REMOVAL—CERTIFIED MECHANIZED HARVESTING EXCLUSIVELY

Applies only to those insureds certified as mechanized loggers by the Arkansas Timber Producers Association (ATPA). Includes construction, operation, maintenance or extension of logging roads or logging railroads. Mill operations to be separately rated as Code 2710. Certification of mechanized loggers and the assignment of this classification must be based on the following criteria:

1. The felling and loading of trees must be done with the use of mechanized equipment in which the operator does not normally leave the cab of the machine in the performance of his duties.
2. Removal of felled trees must be by skidder and at least 50% of the skidders used by the employer, whether owned, rented or leased, must be the grapple type.
3. All mechanized equipment must meet OSHA guidelines for Roll Over Protection Standards (ROPS) and Falling Object Protection Standards (FOPS).
4. Limb removal (trimming) must be performed by a mechanical delimber or with the use of a delimbing gate.
5. Chain saw operators may be used only for occasional trimming or, on a limited and infrequent basis, tree felling. The payroll of all chain saw operators may not constitute more than 25% of total logging payroll. Operators must wear appropriate safety equipment including chaps, hearing protectors, and hard hats.

Employers covering uninsured subcontractors are not eligible for this classification. Such insureds are to be separately classified under Code 2702. Code 2719 may be assigned to insureds also engaged in operations subject to Code 2702. Such assignment may be made only to those logging job sites that meet the above-listed criteria. This classification may only be assigned when verifiable payroll records are maintained by job site, disclosing when the job was performed, the job occupations at the site, and the types of mechanized equipment utilized.

Certifications will be made on an annual basis; however, carriers may withdraw Code 2719 at any time in which it is determined that the insured does not meet the eligibility criteria. If a valid certification from the ATPA is presented at the inception or renewal of the policy, then the carrier may rely on that certification for the entire policy period even if it expires during the policy. It is the responsibility of the insured to get recertified by the next renewal. If the carrier finds evidence that the business was not mechanized for any part of the policy, they have the right to charge the nonmechanized rate for that time period. The carrier is required to notify the ATPA of their intent to renew any policy that includes the mechanized logging classification code.

Supporting Document Schedules

Satisfied -Name:		Review Status:	
Uniform Transmittal Document- Property & Casualty		Approved	08-02-2007
Comments:			
Attachment:			
PCTD1-M.pdf			
Bypassed -Name:		Review Status:	
NAIC Loss Cost Filing Document for Workers' Compensation		Approved	08-02-2007
Bypass Reason:		no change to our loss costs - this is a wording-only change to Class Code 2719	
Comments:			
Bypassed -Name:		Review Status:	
NAIC loss cost data entry document		Approved	08-02-2007
Bypass Reason:		no change to our rates - this is a wording-only change to Class Code 2719	
Comments:			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

[illegible]

5.	Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
7.	Signature of authorized filer				
8.	Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)				
10.	Sub-Type of Insurance (Sub-TOI)				
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12.	Company Program Title (Marketing title)				
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	Effective Date(s) Requested	New:		Renewal:	
15.	Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16.	Reference Organization (if applicable)				
17.	Reference Organization # & Title				
18.	Company's Date of Filing				
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	